In the Public Eye

Beyond Our Borders

Emergency contraception: a vital component of reproductive health programs

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Emergency contraception (EC) refers to contraceptive methods that may be used in the first few days after unprotected intercourse to prevent pregnancy. Although EC is an essential reproductive health option, it remains vastly underused.

The use of analogs of the female hormones, estrogen and progesterone, as postcoital contraception was first described in the scientific literature more than 30 years ago. However, only within about the past 7 years has EC begun to move from being the "best-kept secret" into the contraceptive mainstream.

The most common method of EC involves taking an increased dose of oral contraceptive pills as soon as possible—optimally, within 72 hours (3 days)—after unprotected sex. A second dose is taken 12 hours later. Insertion of an intrauterine device within 5 days of unprotected sex is another, less frequently used, method of EC. Although intrauterine devices are effective, and their use is an appropriate method for many women, pills are easier to administer and may be taken by a wider user group.

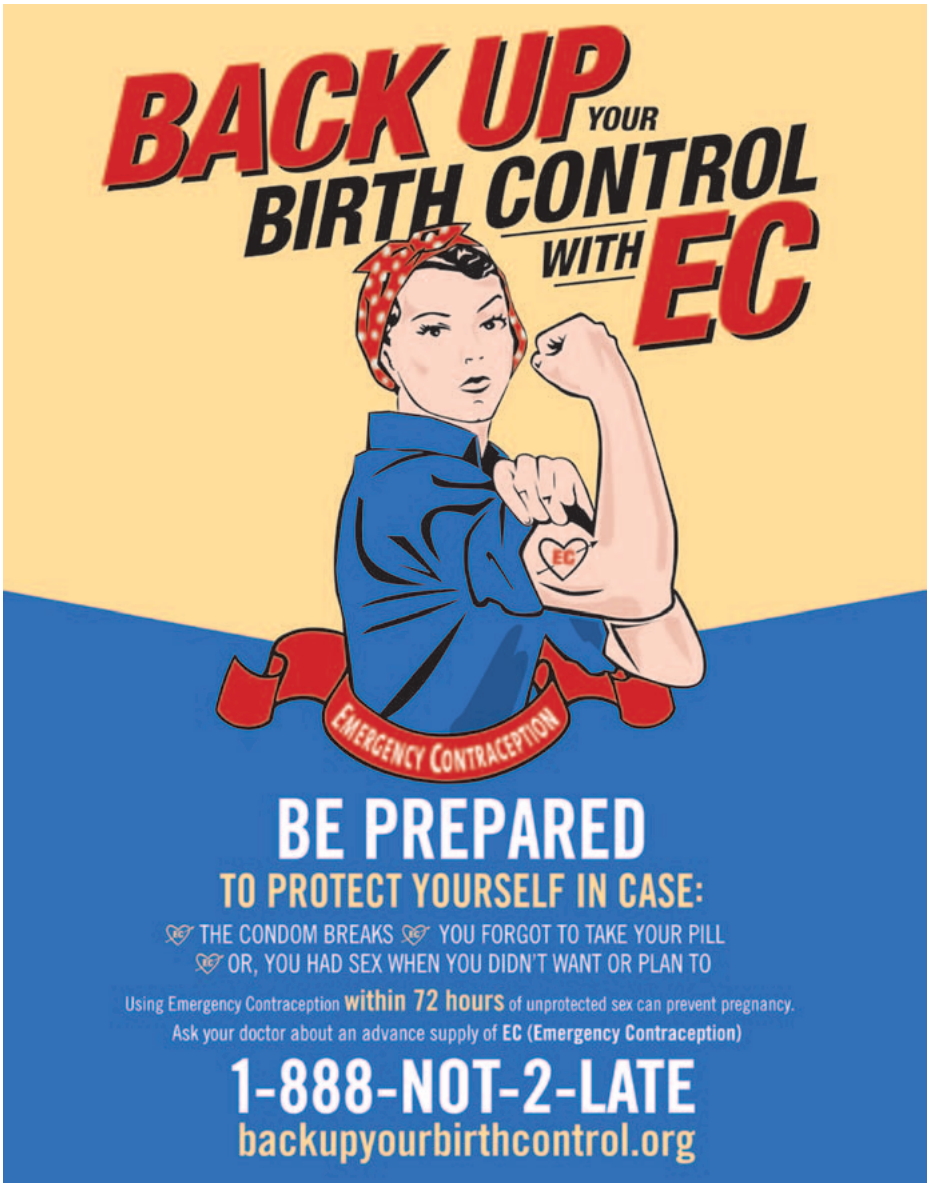
In many countries, dedicated products are available for use as EC, although standard oral contraceptives can also be used in the absence of a specifically labeled EC product. In the United States, the Food and Drug Administration has endorsed off-label EC prescribing.[1]

Unlike many other health priorities, the need for EC education for both clients and providers of health services and increasing EC access are not limited to one particular country or region of the world. In both developing and developed countries, EC remains not only an underused but also misunderstood and often completely unknown method of contraception. However, the morbidity and mortality associated with unintended pregnancy in the developing world are particularly striking.

About 75 million unintended pregnancies occur in the developing world annually, and each year 8 to 30 million women experience contraceptive failure.[2,3] Women who have an unintended pregnancy often seek abortion; of the estimated 45 million pregnancies that are terminated by abortion each year, about half are performed under unsafe conditions.[4]

In most of the developing world, such as in sub-Saharan Africa and Latin America, where access to safe abortion services is severely restricted, maternal deaths due to septic abortion can exceed those from all other causes. Women who survive unsafe abortion often suffer debilitating and chronic morbidity, including infertility; increased risk of ectopic pregnancy; abdominal adhesions that cause chronic pain; structural damage to vagina, cervix, uterus, bladder, or rectum; and exacerbation of chronic anemia. In addition to this burden of unnecessary human suffering, the cost of providing remedial health services to these acutely ill women robs countries of funds needed for more cost-effective preventive care.

Adolescent girls, in particular, suffer disproportionately from unintended pregnancies and unsafe abortion. Worldwide, pregnancy-related deaths are the leading cause of death for girls aged 15 to 19 years (married or unmarried). Women in this age group face a 20% to 200% greater chance of dying in



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Media campaigns raise awareness and inform women of when and how to use emergency contraception

pregnancy than women from 20 to 24 years old.[5] Girls who choose to terminate a pregnancy characteristically wait longer than older women and suffer more life-threatening complications, which result in a substantial number of abortion-attributable deaths.[6]

Increasing awareness of and access to EC is one critical way to improve the health and well-being of all women, including adolescents, by preventing unintended pregnancy and abortion. A recent study by the World Health Organization found that 60% of induced abortions in Shanghai, China, could have been prevented if women had used levonorgestrel-only EC.[7] However, despite the important role EC can play in both reducing unintended pregnancy and decreasing abortion rates, there exists a significant knowledge gap about EC among both possible users and health care professionals.

INCREASING PHYSICIAN KNOWLEDGE AND SKILLS

Lack of product availability is an obvious barrier to accessing a contraceptive option. However, despite the fact that in many countries a dedicated EC product exists and that standard oral contraceptives also can be used in specific dosages for EC, health care professionals are either unfamiliar with EC or do not regularly consider it when counseling their clients.

In the United States, for example, only about 1 in 20 physicians routinely discusses EC with clients,[8] and the situation in most countries of the developing world is comparable or worse. Even providers who discuss EC often overstate the possible health risks. The World Health Organization has stated that apart from pregnancy, no absolute contraindications exist to using EC pills.[9] The pregnancy exception is related to the fact that the regimen is not effective during pregnancy, rather than to any harmful effects. Unfortunately, many health care professionals raise barriers to EC access by, for example, unnecessarily requiring pregnancy tests or pelvic examinations before providing it.[8] They must be informed about the various EC regimens and opportunities for providing EC and the realistic health concerns surrounding its use.

Easy and quick access to EC is critical for effective use and for realizing its public health effects. The safety profile of EC pills, in particular, means that provision need not be strictly limited to clinical settings. In fact, EC pill provision offers a unique opportunity to work with a range of both clinical health care professionals, such as physicians or pharmacists, and nonclinical professionals, such as social workers.

Studies in Mexico and New Zealand have shown that women would choose to visit health care professionals other than physicians to obtain emergency contraception.[8] In 1998, the Program for Appropriate Technology in Health (PATH) worked in collaboration with other Washington State organizations to institute the first direct pharmacy access for EC pills in the United States. This project has served as a model for several other states and Canadian provinces that also wish to expand pharmacists' role through collaborative drug therapy agreements. The recognition of the key role pharmacists can play in delivering reproductive health care products and services led the way for similar work being implemented in Cambodia, Nicaragua, and Kenya.

INCREASING WOMEN'S AWARENESS

Before seeking EC services, a woman must recognize that she is at risk of unintended

pregnancy and be motivated to prevent it. She must also be aware that a contraceptive method exists that can prevent pregnancy after intercourse.[10] Worldwide, one of the biggest obstacles to the widespread use of EC is that many women do not know about it. A 1997 survey showed that only 11% of all women in the United States knew the basic facts about EC and that just 1% had ever used it.[11] A review of the published research on EC further shows that even among groups who are familiar with EC, the knowledge about the method is seldom deep.[8] Even where women have heard about EC, myths and misperceptions still exist about what it is, how it works, and how or where to get it.

Without education about EC, women are unable to make informed contraceptive choices. For EC to have an effect on reducing unintended pregnancy, women must know when and how to use it and where to get EC services. Routinely informing women about EC and providing pills or prescriptions during regular family planning or health care visits before EC is needed is a fundamental and critical way to raise awareness and access.

Other creative mechanisms for information, such as mass media advertising campaigns and EC hotlines, have been successful in both developed and developing countries. For example, in Mexico, information about EC was disseminated to a wide audience using coasters, postcards, T-shirts, and public service television and radio announcements. In Sri Lanka, an intervention involving a telephone hotline and client brochures—containing information about service providers, instructions about taking EC, possible side effects, and price—dramatically increased awareness about EC.[12]

CONCLUSION

Making EC widely available and accessible to women worldwide could have a profound effect. It can be an important back-up method for users of other types of contraception and is an especially appropriate contraceptive backup to condom use, which is being widely promoted for HIV/AIDS prevention. The use of EC can also reduce unintended pregnancy and abortion. Making EC accessible to all women by placing it within the broader context of family planning and reproductive health care represents an opportunity to expand contraceptive choice.

Illustrations in this issue addressing emergency contraception were provided by the Reproductive Health Technologies Project, a nonprofit organization that conducts publication education campaigns on emergency contraception.

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